

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

Nita Lowey for Congress

ADDRESS (number and street)  
▼

PO Box 271

☐Check if different  
than previously  
reported. (ACC)

White Plains

NY

10605

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00219881

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

NY

18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

11

28

2006

through

12

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard Melnikoff

Signature of Treasurer

Electronically Filed by Richard Melnikoff

Date

09

24

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Nita Lowey for Congress

Report Covering the Period:

From:

M M  
1 1D D  
2 8Y Y Y Y  
2 0 0 6

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	2800.00	2800.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2800.00	2800.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	70359.16	90177.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	70359.16	90177.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	809000.69	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

Nita Lowey for Congress

Report Covering the Period:

From:

M M  
1 1D D  
2 8Y Y Y Y  
2 0 0 6

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 6**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

2000.00

2000.00

(ii) Unitemized.....

800.00

800.00

(iii) TOTAL of contributions

2800.00

2800.00

from individuals..... ►

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

2800.00

2800.00

(add Lines 11(a)(iii), (b), (c), and (d))

**12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....**

0.00

0.00

**13. LOANS**(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....**

0.00

0.00

**15. OTHER RECEIPTS  
(Dividends, Interest, etc.).....**

2390.52

2390.52

**16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ►**

5190.52

5190.52

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70359.16	90177.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	21000.00	21000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ➤	91359.16	111177.42

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	895169.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	5190.52
25. SUBTOTAL (add Line 23 and Line 24).....	900359.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	91359.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	809000.69

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Brett Rosen

Mailing Address 4 East 89th Street #7E

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cowan Financial Group

Occupation

Financial Services

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

Transaction ID: C8290182

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

2000.00

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 22

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.** Full Name (Last, First, Middle Initial)

Citibank, N.A.

Mailing Address PO Box 5870

City	State	Zip Code
New York	NY	10163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2336.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	6

Transaction ID: C8360144

Amount of Each Receipt this Period

1174.41

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.** Full Name (Last, First, Middle Initial)

Citibank, N.A.

Mailing Address PO Box 5870

City	State	Zip Code
New York	NY	10163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2336.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: C8360145

Amount of Each Receipt this Period

1161.63

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2336.04

TOTAL This Period (last page this line number only) .....

2336.04

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 22

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

## **A. Caperberry Events**

Mailing Address 54 Gedney Way

City White Plains State NY Zip Code 10605

Purpose of Disbursement

Event Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D169145

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15095.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Caperberry Events**

Mailing Address 54 Gedney Way

City White Plains State NY Zip Code 10605

Purpose of Disbursement

Event Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D169152

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2260.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. Sarah Eckstein**

Mailing Address 15 Carlin Street

City Norwalk State CT Zip Code 06851

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D169160

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5597.14

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

22952.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Sarah Eckstein		<b>Transaction ID:</b> D169141 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 0 6</div> </div>
Mailing Address 15 Carlin Street		<b>Amount of Each Disbursement this Period</b> <div>1077.64</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Norwalk State CT Zip Code 06851		
Purpose of Disbursement Payroll	<input type="text"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Sarah Eckstein		<b>Transaction ID:</b> D169109 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 9 / 2 0 0 6</div> </div>
Mailing Address 15 Carlin Street		<b>Amount of Each Disbursement this Period</b> <div>78.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Norwalk State CT Zip Code 06851		
Purpose of Disbursement Cell Phone Expense Reimbursement	<input type="text"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Sarah Eckstein		<b>Transaction ID:</b> D169112 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 9 / 2 0 0 6</div> </div>
Mailing Address 15 Carlin Street		<b>Amount of Each Disbursement this Period</b> <div>1077.64</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Norwalk State CT Zip Code 06851		
Purpose of Disbursement Payroll	<input type="text"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**2234.08**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

**A.** Sarah Eckstein

Mailing Address 15 Carlin Street

City Norwalk State CT Zip Code 06851

Purpose of Disbursement  
Health Care Insurance Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D169118

Date of Disbursement

/   /

Amount of Each Disbursement this Period

65.33

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** FEDEX

Mailing Address PO BOX 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement  
Deliveries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D169157

Date of Disbursement

/   /

Amount of Each Disbursement this Period

18.73

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** FEDEX

Mailing Address PO BOX 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement  
Deliveries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D169158

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

93.02

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 / 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

**A.** Ford Credit

Mailing Address PO Box 220564

City  
PittsburghState  
PAZip Code  
15257-2564Purpose of Disbursement  
Monthly Car Lease

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D169143

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	6

Amount of Each Disbursement this Period

345.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Frank Hansen

Mailing Address 432 18th Street

City  
West BabylonState  
NYZip Code  
11704Purpose of Disbursement  
Event Entertainment

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D169147

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	6

Amount of Each Disbursement this Period

900.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Impressive Paper and Envelope Company

Mailing Address 139 East Prospect Avenue

City  
MamaroneckState  
NYZip Code  
10543Purpose of Disbursement  
Printing and Postage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D169142

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	6

Amount of Each Disbursement this Period

26483.57

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

27729.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

## **A. Key Post Realty Corp.**

Mailing Address PO Box 26

City New Rochelle State NY Zip Code 10802

Purpose of Disbursement  
Office Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D169119

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1466.66

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. NetCampaign, LLC**

Mailing Address 718 7th Street, NW  
Suite 300

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Web Hosting and Maintenance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D169154

Date of Disbursement

/   /

Amount of Each Disbursement this Period

140.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. Paychex, Inc.**

Mailing Address 100 Painters Mill Road  
PO Box 388

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D169161

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1264.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2870.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 22

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

**A.** Paychex, Inc.

Mailing Address 100 Painters Mill Road  
PO Box 388

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D169114**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

401.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Paychex, Inc.

Mailing Address 100 Painters Mill Road  
PO Box 388

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement

Payroll Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D169138**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

156.15

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Paychex, Inc.

Mailing Address 100 Painters Mill Road  
PO Box 388

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D169146**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

401.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

958.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

## **A. PCMS, LLC**

Mailing Address 5304 McKinley Street

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D169149**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2082.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Peake DeLancey Printers LLC**

Mailing Address 2500 Schuster Drive

City Cheverly State MD Zip Code 20781

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D169140**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1129.29

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. Shoreline Publishing, Inc.**

Mailing Address 629 Fifth Avenue

City Pelham State NY Zip Code 10803

Purpose of Disbursement  
Journal Advertisement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D169156**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

215.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

3426.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

## **A. The Frost Group**

Mailing Address 2737 Devonshire Place, NW #325

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D169150**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. The Frost Group**

Mailing Address 2737 Devonshire Place, NW #325

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D169117**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. Woman's Club of White Plains**

Mailing Address 305 Ridgeway

City White Plains State NY Zip Code 10605

Purpose of Disbursement  
Event Facility Rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D169153**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1350.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

9350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

**A.** American Express

Mailing Address PO BOX 1270

City  
Newark

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D169144**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

384.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** American Express

Mailing Address PO BOX 1270

City  
Newark

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
Membership Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D169171**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

384.12

**TOTAL** This Period (last page this line number only) .....

69999.27

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

**A. BETTY SUTTON FOR CONGRESS**

Mailing Address 1700 W. Market St. #155

City Akron State OH Zip Code 44313

Purpose of Disbursement  
2006 General Debt RetirementCandidate Name  
Sutton, Betty S.Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 13

Transaction ID: D169134

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. CIRO D. RODRIGUEZ FOR CONGRESS**

Mailing Address PO Box 14528

City San Antonio State TX Zip Code 78214

Purpose of Disbursement  
2006 Run-off ContributionCandidate Name  
RODRIGUEZ, CIRO DCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 23

Transaction ID: D169110

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR ALTMIRE**

Mailing Address PO BOX 1776

City FREEDOM State PA Zip Code 15042

Purpose of Disbursement  
2006 Debt RetirementCandidate Name  
ALTMIRE, JASONCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: D169123

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

## **A. COMMITTEE TO ELECT CHRIS MURPHY**

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
2006 General Debt Retirement

Candidate Name  
MURPHY, CHRISTOPHER SCOTT

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: D169132

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. ELLSWORTH FOR CONGRESS COMMITTEE**

Mailing Address P.O. Box 62

City Evansville State IN Zip Code 47701

Purpose of Disbursement  
2006 General Debt Retirement

Candidate Name  
ELLSWORTH, BRAD

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 08

Transaction ID: D169124

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. FRIENDS OF CHARLIE WILSON**

Mailing Address 7 CADIZ PIKE

City BRIDGEPORT State OH Zip Code 43912

Purpose of Disbursement  
2006 General Debt Retirement

Candidate Name  
WILSON, CHARLES A JR

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 06

Transaction ID: D169136

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

## **A. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement  
2006 General Debt Retirement

Candidate Name  
HIRONO, MAZIE MRS.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: HI District: 02

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D169126**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. FRIENDS OF PHIL HARE**

Mailing Address 313 17th Street  
P.O. Box 4183

City Rock Island State IL Zip Code 61202

Purpose of Disbursement  
2006 General Debt Retirement

Candidate Name  
HARE, PHILIP G

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 17

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D169125**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. GILLIBRAND FOR CONGRESS**

Mailing Address P.O. Box 1279

City Hudson State NY Zip Code 12534

Purpose of Disbursement  
2006 General Debt Retirement

Candidate Name  
GILLIBRAND, KIRSTEN E MRS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 20

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D169111**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

**A. GILLIBRAND FOR CONGRESS**

Mailing Address P.O. Box 1279

City  
HudsonState  
NYZip Code  
12534Purpose of Disbursement  
2008 Primary ElectionCandidate Name  
GILLIBRAND, KIRSTEN E MRSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: D169113

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. KAGEN 4 CONGRESS**

Mailing Address 100 WEST LAWRENCE STREET

City  
APPLETONState  
WIZip Code  
54911Purpose of Disbursement  
2006 General Debt RetirementCandidate Name  
KAGEN, STEVEN LESLIECategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: D169128

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. LOEBSACK FOR CONGRESS**

Mailing Address 385 E. College St.

City  
Iowa CityState  
IAZip Code  
52240Purpose of Disbursement  
2006 General Debt RetirementCandidate Name  
LOEBSACK, DAVID WAYNECategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 02

Transaction ID: D169129

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

**A. MCNERNEY FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
2006 General Debt RetirementCandidate Name  
MCNERNEY, JERRYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: D169131

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Melissa Bean For Congress**

Mailing Address 203 Frances Lane

City Barrington State IL Zip Code 60010

Purpose of Disbursement  
2006 General Debt ContributionCandidate Name  
Bean, Melissa LCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: D169151

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. PATRICK MURPHY FOR CONGRESS**

Mailing Address PO BOX 868

City LEVITTOWN State PA Zip Code 19058

Purpose of Disbursement  
2006 General Debt RetirementCandidate Name  
MURPHY, PATRICK JCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: D169133

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

**A. PAUL HODES FOR CONGRESS**

Mailing Address 107 STORRS STREET

City Concord State NH Zip Code 03301

Purpose of Disbursement  
2006 General Debt RetirementCandidate Name  
HODES, PAUL WCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: D169127

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. TIM MAHONEY FOR FLORIDA**

Mailing Address 1128-408 ROYAL PALM BEACH BLVD

City ROYAL PALM BEACH State FL Zip Code 33411

Purpose of Disbursement  
2006 General Debt RetirementCandidate Name  
MAHONEY, TIMCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: D169130

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. TIM WALZ FOR US CONGRESS**

Mailing Address PO BOX 938

City MANKATO State MN Zip Code 56002

Purpose of Disbursement  
2006 General Debt RetirementCandidate Name  
WALZ, TIMOTHY JCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 01

Transaction ID: D169135

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

21000.00

Form/Schedule:**F3A**      Report is amended to designate interest income as Primary or General.  
Transaction ID: